Dr. Sinkler said the nearest approach he had ever seen to the condition described by Dr. Hunt was a case of facial palsy slightly preceded by a herpetic eruption, or rather a discrete eruption of a vesicular character on the scalp and about the auricle, and with pain in the auricle.

Dr. Gordon expressed his admiration for Dr. Hunt's new syndrome, which he thought might properly be termed "Hunt's disease."

DEMONSTRATION OF GLASS MODELS OF BRAIN LESIONS.

By Dr. Adolf Meyer.

The speaker said that one of the chief aims of a central plant, such as the Pathological Institute of the New York State Hospitals, must be to conduct research work in such a manner as to make it a help and a stimulous to the hospital physicians in their actual work, as much as an achievement in the field of disputed points, or satisfaction along the lines of more personal problems; every problem of investigation was, of course, something like an individual query, but the results would not answer their purpose unless we got them into such form that they pass readily into the fund of practical resources which our hospital physicians need in order to outgrow the routine in which they might too readily lose the best opportunities. This was by no means an easy task in that one of its fields of work which he wished to demonstrate briefly to-night. Brain anatomy has at best a verbal interest with most physicians. It becomes, therefore, especially necessary to devise means of presentation which will make the facts easy of grasp and telling, and an improvement on the ponderous volumes out of which we ourselves had to dig our knowledge of the work of the past.

The glass-models represented an idea which had occurred to many (they are, for instance, used by geologists), but which had not to his knowledge been used in brain anatomy as systematically before. In purely morphological work, with its interest in surfaces, the wax-plates have their special field; but to topographical work with its many interlacing fiber tracts, the glass-model method is so far unrivaled.

The color schemes used were more or less accidental, and determined by what Higgins' inks offered. The choice happened to coincide to quite an extent with Barker's, and with the recent work of Johnston. It was indeed attempted to come to an agreement, and to propose a scheme of colors to facilitate a certain uniformity in the presentation for students.

In the study of the brain-stem of a case of traumatic destruction of one-half of the pons, the segmental efferent or motor nerves are to be found in brick-red; the pyramids in carmine; the segmental afferent or sensory nerves in blue tinges (Higgins' true blue for V, cochlear, IX, X; indigo for the vestibular); the cerebral afferent paths, green for the mesial fillet (destroyed on one side), and violet for the trapezium and lateral fillet. The cerebellar systems appear in yellow, orange and browns; the central tegmental bundle of vermilion, etc.

In the forebrain a kindred color-scheme was used, as was shown in the two cases of reconstruction of occipital lobes, in which the geniculo-calcarine tract appears in blue, the geniculo-temporal in violet; the occipito-temporal afferent paths in vermilion, the callosum in violet, the lenticular complex in indigo, etc.

The original drawings were, of course, hard work; but together with the series of sections and the models, they were infinitely better than long-winded descriptions for which physicians generally had neither time nor patience. The drawings were open to entries and corrections and the best field of registration of observations. There was, of course, no loop-hole for the haziness with which so many errors pass under the cover of words. One's interpretations show here their natural and indelible color.

Dr. Meyer wished to express his sincere thanks for the increasing care and accuracy with which his colleagues in the State Hospitals furnish both the brain material and the records, and trusted that the return which the Institute was able to give would be a still further stimulus; he also hoped that one or the other of the neurologists present might take an interest in these methods of brain-study and enter into co-operation with the Institute. Well defined, small enough lesions in the Marchi period, i.e., from 3-6 weeks after the onset, were so rare, and the result of their study so dependent on well organized technique, that the material should pass into skilled hands as often and as rapidly as possible, especially since a delay of more than two weeks makes a Marchi reaction with formalin specimens questionable.

DEMONSTRATION OF A NEW METHOD OF BRAIN RECONSTRUCTION.

By Dr. B. Onuf.

The method made it possible to reconstruct fiber tracts and study them in their relation to the surface or other parts of the brain. Particular advantages were offered for studying the Island of Reil, which could be fully demonstrated in its relation to the surface of the brain. It was possible, furthermore, by means of this method, to reconstruct from a series of brain sections of a given direction, say sagittal, for instance, sections in other planes, such as horizontal and vertical ones. Thus from one and the same brain, horizontal, vertical and sagittal sections from any desired level could be obtained. The results of the method could be utilized for publication when desired, which was a distinct advantage of the procedure.

Dr. Alfred Reginald Allen said the beauty and value of Dr. Meyer's work was apparent. The only suggestion he had to make was that if a whiter quality of glass were used, a glass which would not possess quite so much the property of a light filter, these wonderfully instructive preparations could be made the subject of stereoscopic photography, and in that way used as illustrations.

SOME CLINICAL OBSERVATIONS ON THE TREATMENT OF GRAVES' DISEASE.

By Dr. J. Arthur Booth.

The author offered the following conclusions:

1. Although Graves's disease is recognized by the prominence of four symptoms, namely, tachycardia, exophthalmos, goitre and tremor, this symptom-complex may be incomplete in the developmental stage of the disease, and here the other symptoms are sufficient for the diagnosis.